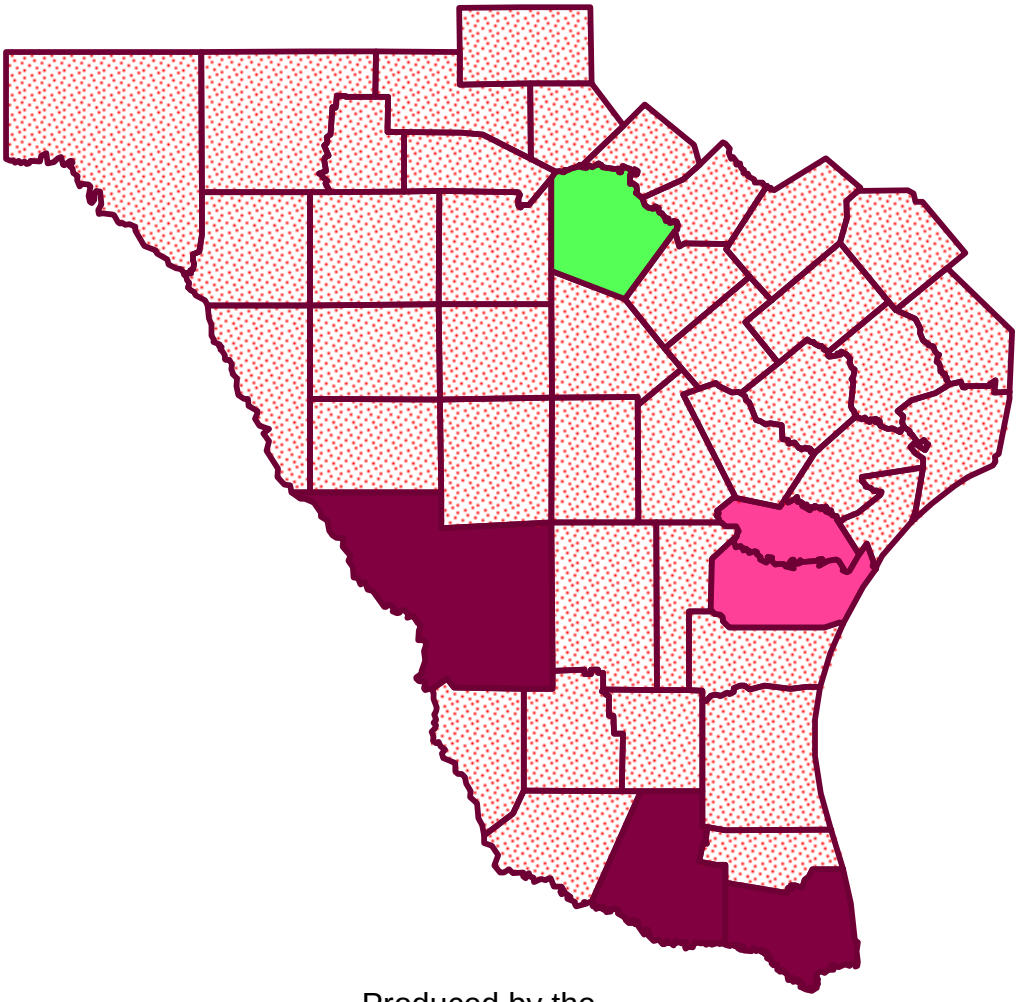
South Texas Region

HIV Epidemic Profile



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South Texas HIV Epidemic Profile

Your planning region is divided into 3 High Morbidity Analysis Zones and 1 Low Morbidity Analysis Zone:

High Morbidity Analysis Zones (HMAZ):

HMAZ	Counties	Population
Bexar (HMAZ 8)	Bexar	1,378,499
Corpus Christi (HMAZ 9)	Nueces, San Patrico	387,441
South Border (HMAZ 10)	Cameron, Hidalgo, Webb	1,071,214

Low Morbidity Analysis Zone (LMAZ)

LMAZ	Counties	Population
Rural South (LMAZ 5)	Aransas, Atascosa, Bandera, Bee, Brooks, Calhoun, Comal, De Witt, Dimmit, Duval, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Maverick, McMullen, Medina, Real, Refugio, Starr, Uvalde, Val Verde, Victoria, Willacy, Wilson, Zapata, Zavala	998,359

Morbidity Ranking for South Texas

We estimated the case rates for each of the subpopulations seen below in Table 1 for each of the following “morbidity” indicators:

- AIDS cases reported in 1998,
- the number of living AIDS cases as of October 19, 1999,
- HIV cases reported in 1999,
- CTS positives reported in 1998
- STD cases reported in 1998

These rates were then translated into scores: the higher the rate, the higher the morbidity score. The morbidity scores were then added together to make up a “Total Morbidity” score. (See Appendix 1 for details on how the scores were calculated). These morbidity scores are shown in Table 1 below.

Table 1

BDTP	Race/Ethnicity	Bexar Total Morbidity	Rank	Corpus Christi Total Morbidity	Rank	South Border Total Morbidity	Rank	Rural South Texas Total Morbidity	Rank
IDU men	African American	51	1	49	1	29	1	42	1
M/MS	African American	48	2	35	5	21	7	24	6
M/MS	Hispanic	39	3	30	6	23	5	13	12
IDU women	African American	39	3	47	2	26	2	31	3
F/MS women	African American	35	5	42	3	26	2	30	4
IDU men	Hispanic	31	6	27	8	19	9	19	8
M/MS	white	30	7	24	9	21	7	18	9
F/MS men	African American	30	7	41	4	5	15	14	11
IDU men	white	24	9	22	11	23	5	35	2
IDU women	Hispanic	22	10	28	7	17	10	30	4
F/MS women	Hispanic	22	10	22	11	16	11	15	10
IDU women	white	21	12	24	9	25	4	24	6
F/MS men	Hispanic	18	13	14	13	10	12	7	13
F/MS women	white	12	14	14	13	8	14	6	14
F/MS men	white	9	15	6	15	9	13	5	15

In general..

- For all groups, the morbidity scores for men and women in Bexar County are much higher than the scores in the other zones of this planning area.

- It is difficult to break all of the risk populations down by race/ethnicity and keep stable disease and risk indicators due to the size of the populations. When racial/ethnic groups are pulled together, M/MS show greater evidence of disease than do IDU, who show higher rates of disease than F/MS groups. In summary, the M/MS groups tend to hover at the top of the ranking, with most of the F/MS subpopulations towards the bottom.

- It is especially difficult to interpret the rates for the African American subpopulations in this planning area due to the small size of this population – more details below. However, evidence suggests that there is a great burden of disease in this small population.

- Some general statements about the HIV morbidity profile for this planning area as a whole can be made. Leaving aside African American subpopulations, in general, white and Hispanic M/MS and Hispanic IDU appear to have solid evidence of HIV infection in all parts of the planning area. These groups are followed by white IDU and Hispanic F/MS, with lower HIV and AIDS -related rates. The final grouping consists of white F/MS – low case counts, but the size of the population results in low to moderate rates of infection.

- There is enough differences, however, among the epi profiles within each HMAZ to make individual discussions helpful.

More specifically…

Bexar HMAZ:

- Based on the epi indicators included in this report, the first cluster is made up of African American IDU (male and female), African American M/MS, and Hispanic M/MS. These groups of African Americans show very high rates of living AIDS cases, and strong rates of HIV infections reported in 1999 and CTS positives in 1998. There are also high rates of STD in the overall African American population. But keep in mind that African American IDU and M/MS are small groups in the Bexar HMAZ, and the CPG should consider this when deciding on interventions. The Hispanic M/MS subpopulation is much larger, and also shows very robust evidence of HIV-related disease.

- The second cluster is made up of Hispanic male IDU, white M/MS, white IDU (male and female), and African American F/MS (male and female). For the M/MS and IDU groups, there is very solid evidence of both AIDS cases and newer HIV infections. For the African American groups, there is good evidence of AIDS cases and high STD rates. With the African American F/MS, particular attention may be directed to women, who have higher rates of both AIDS and HIV infections than the men in this group.

- A third cluster is made up of female Hispanic IDU and Hispanic F/MS (male and female). Hispanic female IDU show moderate evidence of AIDS, with the F/MS groups showing stronger evidence of more recent HIV infections. Again, look at the female F/MS subpopulations closely.

- A fourth cluster is made up of white F/MS in this jurisdiction. They have lower rates of living AIDS cases than the Hispanic F/MS groups, and some evidence of recent infection, but it is not as strong as what is seen for the Hispanic F/MS group. Whites in this jurisdiction also have lower rates of STD overall.

Corpus Christi HMAZ:

- While African American rates are very striking on all indicators, this population is so small in this area that it is difficult to break the groups out by risk group. The rates bounce up and down across the different indicators—and because the population is so small, these high rates are due to a small number of cases. When African American rates are compared to Hispanic and white rates across the risk groups, it is obvious that African Americans need special prevention attention, but the small size of the group presents challenges. The CPG may want to spend time discussing how best to target this special population.

- Looking at Hispanic and white risk subpopulations, the first cluster is made up of Hispanic and white M/MS and Hispanic and white IDU (male and

female). The rates for these groups are very similar across the board—but the rates for HIV cases reported in 1999 for female IDU are very striking, and may deserve more discussion and attention in needs assessment.

- A second cluster is made up of white and Hispanic females with F/MS risks. These groups may well deserve the label "emerging" populations – the ratio of new infections to living AIDS cases is less than 1 to 2.

- A third cluster is Hispanic male F/MS, with lower rates of AIDS and HIV-related disease than the female counterparts.

- A fourth cluster is white male F/MS, with lower rates of AIDS-related indicators and no more recent evidence of HIV infections and lower overall STD rates in this jurisdiction.

South Border HMAZ;

- As in the Corpus Christi HMAZ, there is a very, very small risk population of African Americans, but that very small population produced three HIV infections reported in 1999. The rates are erratic due to the small size of the population, but the overall rate for African Americans as a whole for HIV infections reported in 1999 was the by far the highest in this jurisdiction. The CPG may consider discussing how to best target this community.

- Of the Hispanic and white subpopulations, the first "epi" cluster is made up of Hispanic M/MS, Hispanic IDU (male and female) and white female IDU. This clustering is based primarily on evidence of HIV reports made in 1999 – the Hispanic subpopulations may have lower rates of living AIDS cases than their white counterparts, but the number and rates of HIV infections reported last year are a solid epi reason to place these groups at the top of the priority list.

- The next cluster is white M/MS and white male IDU. These groups have solid evidence of living AIDS cases, and there were some CTS positives in this group in 1998, but no HIV infections reported in 1999.

- Hispanic and white F/MS (male and female) are the next cluster – this group shows lower rates of living AIDS cases and HIV infections. But pay special attention to the rates for white heterosexuals – the ratio of AIDS cases to HIV cases is less than 2 to 1! For this risk population, there are far fewer whites in the jurisdiction than Hispanics—the Hispanic F/MS estimates are 9 times higher than the white F/MS estimates, but the number of reported HIV infections in Hispanic F/MS last year was only 4 times higher than the number reported in white F/MS.

Rural South Texas LMAZ:

- This is a very large, spread out jurisdiction with the lowest overall HIV and AIDS related indicators.

- The first cluster to consider is male and female IDU of all race/ethnicities. Special attention should be paid to Hispanic female IDU – a very close ratio of newly reported HIV to living AIDS cases.

- The second cluster of subpopulations is M/MS. These groups have lower rates of AIDS and HIV related disease.

- The third cluster is Hispanic F/MS, followed closely by white and African American F/MS.

Risk Ranking for East Texas

The information in the table below comes from 1999 PCPE information.

The scores in the table below were based on information from clients in the different subpopulations that received PCPE services in 1999. The scores are based on the percent of clients in each of the subpopulations who reported the following risks:

- "Almost never" using barriers with anal, vaginal or oral sex
- History of STD
- Multiple sex and/or needle sharing partners
- Trading sex
- Substance use with sex
- Sharing needles
- Sex or needle sharing partner at risk for HIV
- Sex or needle sharing partner with multiple partners

The highest scores will be seen for the subpopulations where a large percentage of the clients reported multiple risks. Appendix 2 has detailed information about the risk scores for each subpopulation.

Table 2

BDTP	Race/Ethnicity	Bexar Rank Score	Rank	Corpus Christi Rank Score	Rank	South Border Rank Score	Rank	Rural South Texas Rank Score	Rank
IDU women	white	65	1	62	2	59	2	64	1
IDU women	Hispanic	62	2	66	1	58	3	48	6
IDU men	Hispanic	61	3	54	4	61	1	53	2
IDU men	African American	59	4	0	14	0	14	0	14
IDU men	white	57	5	61	3	56	4	49	5
IDU women	African American	49	6	0	14	0	15	53	2
F/MS men	Hispanic	44	7	40	6	43	8	43	7
M/MS	Hispanic	43	8	39	9	48	5	50	4
F/MS women	white	42	9	40	6	44	7	41	9
M/MS	African American	40	10	44	5	43	8	0	14
F/MS women	Hispanic	40	10	40	6	42	10	36	11
M/MS	white	37	12	33	12	46	6	31	13
F/MS men	white	37	12	37	10	40	13	43	7
F/MS men	African American	37	12	30	13	42	10	37	10
F/MS women	African American	34	15	34	11	41	12	36	11

*values and ranks in yellow do not have data on some risk behaviors, and thus may rank lower.
**values and ranks in salmon are missing information on risks for this sub-population.

- The top six sub-populations in terms of risk are all IDU. These sub-populations would still be the top five even if sharing injection equipment/works is not considered in risk ranking. Risk categories that elevate IDU in South Texas are multiple partners, partner risk, and involvement in sex trade.

- Note that more information is needed about risks of African American IDU in most of the planning area.

- Four of the five bottom ranked categories in terms of risk behavior are F/MS sub-populations. Risk categories that contribute to the reduced risk in these sub-populations are barrier use with anal sex and fewer partners. The low risk values in these categories indicate successful prevention efforts in these communities.

YOU CAN FIND MORE DETAILED INFORMATION ON RISK POPULATIONS IN THE SECTIONS THAT FOLLOW.